



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTHEAST HEALTH SERVICES
PO BOX 170336
DALLAS TX 75217

Respondent Name

DALLAS ISD

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-07-5852-01

MFDR Date Received

MAY 8, 2007

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Code 97039 was denied as 'invalid coding,' please note that this code is a generic code used when there is not a more appropriate code to use. Please see the attached documentation marked Exhibit #1 for a description of this code and further clarification of this service. Code 97032 was denied as 'ineffective treatment,' please note that per rule 134.600, services that have prior authorization cannot be retrospectively reviewed and denied. Please see the attached copy of preauthorization # AP130165 and note that this procedure was preauthorized and thus should be reprocessed for payment."

Amount in Dispute: \$274.92

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider has failed to identify the use of this miscellaneous code on the CMS1500. The medical records appear to indicate this code is used for laser therapy. However, there is no time documented as required by the AMA coding guidelines. An additional allowance recommended for procedure codes 97032 & 97016 for dates of service May 17, 19, 22, 2006 and June 5, 20, 21, 22, 2006. Procedure codes were included in preauthorization. An additional allowance recommended for procedure codes 97035 for dates of service June 21, 22, 2006. The May 16, 2006 authorization was for five additional visits of physical therapy. This covered billed dates of service May 22, June 20, 21, 22, 2006. Since additional authorization for physical therapy was not obtained, no allowance recommended for dates of service June 27, 2006."

Response Submitted by: Argus

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 9, 2006 May 10, 2006 May 17, 2006 May 19, 2006 May 22, 2006 June 20, 2006	CPT Code 97039	\$20.00 X 6 = \$120.00	\$0.00
May 17, 2006 May 19, 2006 May 22, 2006	CPT Code 97032	\$20.50 X 4 = \$82.00	\$0.00

June 20, 2006			
May 17, 2006 May 19, 2006 May 22, 2006 June 20, 2006	CPT Code 97016	\$18.23 X 4 = \$72.92	\$0.00
TOTAL		\$274.92	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.202, effective August 1, 2003, sets the reimbursement guidelines for the disputed services.
3. Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.

The respondent supported position that payment has been issued for CPT codes 97032 and 97016; therefore, a dispute no longer exists on these codes.

The services in dispute were reduced/denied by the respondent with the following reason codes:

- W1R-workers Compensation State Fee Schedule Adjustment.
- W4-No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. Is the requestor entitled to reimbursement for CPT code 97039?

Findings

1. 28 Texas Administrative Code §134.202(b) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section."
28 Texas Administrative Code §134.202(c)(6) states "for products and services for which CMS or the commission does not establish a relative value unit and/or a payment amount the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published commission medical dispute decisions, and values assigned for services involving similar work and resource commitments."
CPT code 97039 is defined as "Unlisted modality (specify type and time if constant attendance)."
The requestor used CPT code 97039 for billing of Cold Laser treatment.
A review of the submitted reports do not indicate the time and if constant attendance required for code 97039; therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

02/14/2013

Date

YOUR RIGHT TO REQUEST AN APPEAL

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.